

Name _____

Record of Precepted Clinical Experiences

Date	Total Time Ex.(0645-1915)	Location	Preceptor's Signature
10/20/23	0645-1545	Grace MS	
10/23	0645-1945	Grace MS	
10/25	1230-1900	Grace MS	
10/27	0645-1915	Grace MS	
10/30	0645-1915	Grace MS	
11/3	0645-1915	Grace MS	

REMINDER: Do not pre-fill out, Document your actual time after each shift & have your preceptor sign. The time prior shift starting time & the time after does not count extra, 0645-1915 is simply a 12 hour shift.

Preceptor's Signature _____

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